

PRESENTENCE QUESTIONNAIRE

True Name _____ Phone (Home) _____ (Work) _____

Address _____

Age _____ Birthdate _____ Place of Birth _____

Social Security Number _____ Marital Status _____ Number of Dependents _____

Citizenship _____ Immigration Status _____ Alien Registration No. _____

LIST NAMES OF PARENTS, BROTHERS, AND SISTERS:

NAME	RELATIONSHIP	AGE	PRESENT ADDRESS/PHONE	OCCUPATION

MARITAL STATUS (List present and previous marriages, including common-law)

NAME OF SPOUSE (Include Maiden Name)	AGE	PLACE AND DATE OF MARRIAGE	NUMBER OF CHILDREN	OUTCOME OF MARRIAGE

SPOUSE'S EMPLOYMENT/WORK PHONE	LENGTH OF EMPLOYMENT	OCCUPATION	SALARY

NAME OF CHILDREN INCLUDING THOSE BY PREVIOUS MARRIAGE	BIRTHDATE OR AGE	ADDRESS, SCHOOL, CUSTODY, SUPPORT, OR OCCUPATION

List health problems of spouse and/or children, if any: _____

HOME AND NEIGHBORHOOD

Type of Dwelling _____ Rent _____ Monthly Payments _____ Number of Rooms _____ Number of Persons Living With You _____

Names/Relationship: _____

List previous addresses (for past 10 years) (Start with most recent)	City or County	State	Dates From To	

EDUCATION

Highest Grade Completed _____ Age Left School _____ Reason for Leaving _____

Other training received, as business or trade school _____

List names of schools attended (College/High School/Jr. High)	Location	From	To

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HEALTH

Height _____ Weight _____ Color of Hair _____ Eyes _____

Have you been under the treatment of a physician, or hospitalized during the past five years? If so, list the following: (List prescription medications)

Nature of Illness	Name and Address of Physician

Have you ever had mental or emotional health treatment? If so, list the following:

Name and Address of Psychologist/Psychiatrist	Dates of Treatment

Do you drink alcoholic beverages? (check one) Socially ☐ Rarely ☐ Overindulge ☐

Have you ever experimented with or used marijuana or other illegal drugs? Have you ever abused prescription drugs? If so, give type of drug(s), frequency and inclusive period of time.

Have you ever been treated for alcohol/drug abuse? If so, list the following:

Treatment Provider	Dates of Treatment

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EMPLOYMENT (List all jobs held during the past ten years, beginning with most recent)

Date	Name and Address of Employer	Nature of Work	Weekly Wages	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

MILITARY SERVICE

Service Number _____ Branch of Service _____ Date of Entry _____
Date of Discharge _____

Type of Discharge _____ Highest Rank Held _____ Rank at Separation _____

LIST PREVIOUS ARRESTS

Date of Arrest	Arresting Agency	Offense With Which Charged	Sentence

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Do you have a valid driver's license: Yes _____ No _____

State: _____ License Number: _____ Expiration Date: _____

List all motor vehicles you own, lease, operate, or have access to:

Color	Year	Make	Model	License Plate Number	Ownership Status

Do you own any firearms: Yes _____ No _____

Type: _____

Make: _____

Model: _____

Caliber: _____

Serial Number: _____

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and believe, it is true, correct, and complete.

Signature

Social Security Number

Date

DOCUMENT REQUEST

To help us with our presentence report, please furnish us with any of the following documents that pertain to you.

Birth or baptismal certificate	Income tax reports for the last five years
School diplomas	Employment verification (pay stubs)
Proof of residence (rent receipts, property and mortgage papers, etc.)	Letters of recommendation
Military discharge certificate	Immigration documents or passport
Military disability information	Naturalization certificate
Marriage certificates	Professional license
Divorce decree	Vehicle registration
Social Security card	Medical reports
	Most recent bank statements including cancelled checks

Other:

Additional Instructions